



June 22, 2021

Web Announcement 2527

## Update Regarding Inpatient Institutional Claims with Medicare Part A

Update to [Web Announcement 2306](#): Some inpatient institutional claims were not being reviewed for Medicare Part B payment information when Part A had exhausted. Effective May 18, 2020, these claims for ancillary charges are reviewed appropriately. Impacted paid inpatient Medicare A exhaust claims, or claims that denied or paid incorrectly for recipients that did not have Part A coverage or that were submitted within the 365-day limit and denied incorrectly with error code 676 (Date of service exceeds timely filing), have been automatically reprocessed. Results of the reprocessed claims appear on remittance advices dated May 28, 2021.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.